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CONFIRMATION NO. 6808

<b>SERIAL NUMBER</b> 09/881,181	<b>FILING OR 371(c) DATE</b> 06/14/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 13463-701.201	
<b>APPLICANTS</b> Walter Wallach, Los Altos, CA; Scott Adams, Los Gatos, CA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/211,696 06/14/2000 <i>J.K. DRC</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/08/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>D. K. DRC</i> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 57	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 021971					
<b>TITLE</b> Secure medical test and result delivery system					
<b>FILING FEE RECEIVED</b> 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		